WMC Retrospective Research Findings and Early Insights

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We are a partnership of several organizations, one being the Greater Detroit Area Health Council, located in Southeastern Michigan. We have employers representing unions, banks, utilities, retail, service, and the Big Three automakers which represent over 1.4 million covered lives. We are in affiliation with the AFL-CIO and the UAW in our efforts to promote health care in Southeastern Michigan. Our members include the University of Michigan, Michigan State, and other higher education institutions. And then there are the health care companies within Southeastern Michigan, one of which is M-Care.

M-Care was developed by the University of Michigan. Like the University of Virginia program, M-Care is a health system supported in partnership with the University of Michigan. The University of Michigan section that we are reviewing includes both the higher education portion and the medical center. Our project is similar in terms of process, problems, and quantitative and qualitative methods to those of University of Virginia and Stanford University.

Our grant evaluates M-Care's program called DrinkWise. DrinkWise is a behavior modification program that attempts to reduce drinking.

In evaluating DrinkWise, we're looking at a couple of areas. One is access. It is always a big issue with employers and HMOs to find other means of access to care. One of the most common routes to DrinkWise is through self-referral. There have been numerous publications, including a lead story in *U.S. News and World News Report* just this past year, on DrinkWise. *Men's Health Magazine* also published an article on DrinkWise five years ago. DrinkWise still receives self-referrals from those publications, which is very good. The Internet is another avenue for self-referral. Other access routes include CDRs, case managers, PCPs, the EAP, workplace supervisors, and worksite wellness programs involving

biometric screening and follow-up.

The information that we have received thus far from M-Care has been very good. One thing that we did learn, and I think it's a pretty common occurrence, is that you should not ask your HMO for information while they are in the middle of a NCQA review. It wasn't good timing, so we had to back off from M-Care for data. We are a low rung on the ladder of M-Care's initiatives, but we would rather be on the ladder than off the ladder.

One of the challenges of the HR Department at the University of Michigan is getting data from various sources. The difficulties include the fact that it is hard copy archival data with inconsistent absenteeism records, and the data for supervisors can be very subjective. As a result, gathering data from HR has proven to be a bit of a challenge. The data that is there is good, but it's not necessarily consistent.

One concern is that the cost of DrinkWise is $450, and members have to pay for it themselves. The HMO pays only $75, which presents a real barrier to access. If somebody has an alcohol problem, they certainly are not going to spend $450 out of their pocket to get analyzed to find out if they need behavior modification.

A second concern is that one of the referral routes we had included in our original study -- the HRA -- is no longer being offered by M-Care. So, unfortunately, we will not be able to evaluate this form of referral to DrinkWise. I say this is unfortunate because as a consultant for businesses, I have found HRAs to be an effective evaluation tool.

So these are just a few of the assessment challenges that our grantee faces, and I believe they are similar to those faced by other universities here. We look forward to being a partner with CSAP in finding ways to improve the effectiveness of the DrinkWise program and other substance abuse prevention initiatives.